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Feb 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N43438 (3)**  
1. Corporation Name  
**NORTH CENTRAL FLORIDA DOG HUNTERS ASSOCIATION, I NC.**



Principal Place of Business <b>RT 3 BOX 349A 950 NW 160TH STREET TRENTON FL 32693 US</b>	Mailing Address <b>P.O. BOX 1743 CHIEFLND FL 32644-1743 US</b>
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3. Date Incorporated or Qualified <b>05/13/1991</b>	3a. Date of Last Report <b>02/09/1996</b>
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2. Principal Place of Business 21 <b>950 N.W. 160th St.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 1743</b> Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b> Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 <b>TRENTON, FLA.</b>	27 City & State 28 <b>CHIEFLAND, FLA.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip <b>32693</b>	25 Country <b>LEVY</b>	29 Zip <b>32644-1743</b>
30 Country <b>LEVY</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JENKINS, WENDELL  
RT 3 BOX 349A  
TRENTON FL 32693**

81 Name <b>WENDELL JENKINS</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>950 N.W. 160th St.</b>
83
84 City <b>TRENTON, FLA.</b>
85 Zip Code <b>FL 32693</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **WENDELL JENKINS** *Wendell Jenkins* **1-10-97**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WENDELL, JENKINS</b>		1.2 NAME <b>WENDELL JENKINS</b>	
STREET ADDRESS <b>RT 3 BOX 349-A</b>		1.3 STREET ADDRESS <b>950 N.W. 160th St.</b>	
CITY-ST-ZIP <b>TRENTON FL</b>		1.4 CITY-ST-ZIP <b>TRENTON, FLA. 32693</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CARTER, ED</b>		2.2 NAME <b>ED CARTER</b>	
STREET ADDRESS <b>P.O. BOX 428</b>		2.3 STREET ADDRESS <b>RT. 3, BOX 4230</b>	
CITY-ST-ZIP <b>HIGH SPRINGS FL</b>		2.4 CITY-ST-ZIP <b>FT. WHITE, FLA. 32038 (N/A)</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STUDSTILL, BRUCE</b>		3.2 NAME <b>BRUCE Studstill</b>	
STREET ADDRESS <b>RT 2 BOX 278-B</b>		3.3 STREET ADDRESS <b>7260 SE 110th St.</b>	
CITY-ST-ZIP <b>TRENTON FL</b>		3.4 CITY-ST-ZIP <b>TRENTON, FLA. 32693</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEPHENS, ROBERT</b>		4.2 NAME <b>John STEPHENS</b>	
STREET ADDRESS <b>15450 NW 71 TERRACE</b>		4.3 STREET ADDRESS <b>7470 N.W. 95th St.</b>	
CITY-ST-ZIP <b>CHIEFLND FL</b>		4.4 CITY-ST-ZIP <b>CHIEFLAND, FLA. 32626</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CARTER, WESLEY</b>		5.2 NAME <b>WESLEY CARTER</b>	
STREET ADDRESS <b>P.O. BOX 426 NA</b>		5.3 STREET ADDRESS <b>15830 N.E. 10th St.</b>	
CITY-ST-ZIP <b>HIGH SPRINGS FL</b>		5.4 CITY-ST-ZIP <b>GAINESVILLE, FLA. 32609-4442</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JORDAN, JOHN</b>		6.2 NAME <b>John JORDAN</b>	
STREET ADDRESS <b>P.O. BOX 316 NA</b>		6.3 STREET ADDRESS <b>5250 N.W. 37th Pl.</b>	
CITY-ST-ZIP <b>CHIEFLND FL</b>		6.4 CITY-ST-ZIP <b>CHIEFLAND, FLA. 32626</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wendell Jenkins* **WENDELL JENKINS** **1-10-97** **(352) 463-6494**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011849

CR2E037 (9/96)